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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Thoracic T6-T7 ESI

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The Reviewer is Board Certified in the area of Physical Medicine and Rehabilitation with over 16 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained a work related-injury on XX/XX/XX. The claimant reported he tried to prevent a falling board from hitting the ground, and when he reached out to catch it, he strained his back.

XX/XX/XX-XX/XX/XX- Documents reviewed regarding previous injury regarding T9-10.

XX/XX/XX: Follow up. MRI was ordered. He is noted to have a small right paracentral disk protrusion/herniation at T7-7. The patient does in fact have some contact of the thecal sac on that right side without any significant at enosis. After re-questioning the patient, he reported that on XX/XX/XX, he reports that on the date of this onset of pain, he was performing his usual duties as a forklift driver where he would occasionally have to get out of the forklift and move objects. Claimant was issued Medrol Dose[al and PT over the next 2 or 3 weeks.

XX/XX/XX: Follow up. Claimant was seen for follow up. He has a history of T9-10 fusion. Claimant is taking Medrol Dosepak, Tramadol, baclofen and Neurontin. Claimant reported pain level 5/10. He is having difficulty lifting certain things. He has increased pain in the thoracic area. He reported pain is in the midthoracic area. Intermittently, it will radiate in a radicular fashion into the subxiphoid region on the right side. Claimant will continue with PT.

XX/XX/XX: Follow up. Claimant was seen for follow up. He has a work-related T6-7 right paracentral disk protrusion/herniation. Date of injury is XX/XX/XX. He has gone through 10 sessions of PT with modest improvements, but he still has complaints of pain that range from a 4 to a 5, occasionally a 6. Certain activities at work will exacerbate his pain. He reported the pain will radiate on the right into his anterior chest wall.

Objective: On exam, he has right paraspinal tenderness. Flexion and extension will cause radiation of pain into the right chest wall from the right upper thoracic region. He has some minimal sensory deficits on the right side in comparison to the left side in the upper chest wall region. Gait, balance and coordination are unremarkable.

Plan: Recommend a thoracic ESI to target the T6-7.

XX/XX/XX: Radiography Note. **Diagnosis:** Thoracic disc herniation. **Procedure:** 1. Right T6-7 transforaminal ESI. 2. Fluoroscopic guidance for needle placement. 3. Epidurography.

XX/XX/XX: Follow up. Claimant has a right T6-7 disk herniation with right-sided thoracic radicular syndrome. Claimant has gone through PT. He did have an ESI at the same level about a month and a half ago. He reports the injection has helped. The claimant has a work related injury dated XX/XX/XX. He went through PT. After lack of improvement, an MRI showing right sided T6-7 disk protrusion/herniation, we discussed an epidural. He had this done as noted XX/XX/XX. He is improved. He is continuing with his exercises. He has some soreness in the subxiphoid area. He reports he takes baclofen and tramadol that he actually has been taking for quite a while related to his old T9-T10 fusion surgery that he had in XXXX for a different work-related injury. Claimant is working full-time. The ESI has helped. Because of a new injury dated in XX, I think at this point he is at maximum medical improvement, so I would like to go ahead and order a MRI declaration and impairment rating for the new injury.

XX/XX/XX: Follow up. Claimant reported that the Meloxicam did help. The claimant will continue to use Ultram and baclofen and he has been taking it since his symptoms are stable even though they do get worse with certain activities but the medication management has allowed him to work on a full time basis. His company does work with him in terms of helping him with ergonomic working environment adhering to work restriction that we have put him at.

XX/XX/XX: Follow up. Claimant reports flare-up about a month ago. It is slightly better, but he is still having difficulty working. The pain radiates into his anterior chest wall right into the lower sternal area below his nipple, about a few inches below his nipple line, consistent with his T6-7 right sided disk herniation. The pain is only on the right side, not on the left. He has been taking his medications. **Assessment:** T6-7 thoracic disk protrusion/herniation with right sided thoracic radicular syndrome. **Plan:** Since he has had a previous T6-7 right-sided epidural with significant improvement, this was done in XX/XX/XX, I think with his recent flare-up with no improvement over the last month, his medication management.

XX/XX/XX: Office visit. Claimant reported of a significant increase in symptoms starting in his mid-thoracic spine with radiation to his right anterior chest wall just below nipple. He had constant burning in the anterior chest wall area. He noted having difficulty lifting his arm above his head. The claimant also complained of neck pain with radiation into both upper extremities with associated parenthesis. The patient stated that his last ESI on the right T6-7 helped significantly. It gave him a year and a half of pain relief. He noted that the tramadol and baclofen were not helping as much with the exacerbated symptoms. It was noted that the patient had a history of T9-10 fusion. Physical examination noted tenderness in the right mid thoracic spine. There was parenthesis to light touch in the right anterior chest wall, below the nipple line. The diagnosis was radiculopathy in the thoracic region.

XX/XX/XX: UR. Rationale for denial: The claimant is a male who sustained an industrial-related injury on XX/XX/XX. The clinical information provided does not establish the medical necessity of this request. There should be documentation that patient's symptoms are unresponsive to conservative treatments. In this case, the patient has a history of thoracic fusion at T9-T10 and has had thoracic epidural steroid injections in the past with reported benefit. However, there have been no electro diagnostic studies that have been discussed or included in the supplied records nor has there been a report of an MRI that would corroborate the objective findings or radicular symptoms. The previous epidural steroid injections were performed based upon unknown study and there insufficient detail in the supplied medical records to ascertain whether any previous study actually corroborated the current physical examination and symptomatology findings of a thoracic radiculopathy. Accordingly, without a corroborating study, I am unable to establish medical necessity for the request thoracic epidural steroid injection at this time.

XX/XX/XX: UR. Rationale for denial: Patient is a male who sustained a work related-injury on XX/XX/XX. The

patient reported he tried to prevent a falling board from hitting the ground and when he reached out to catch it, he strained his back. Per operative report dated XX/XX/XX, and XX/XX/XX, the patient underwent 1). Right T6-T7 transformational ESI. 2). Fluoroscopic guidance for needle placement. 3). Epidurography. Per office visit dated XX/XX/XX, and XX/XX/XX, the patient underwent Right T6-7 transformational ESI. Fluoroscopic guidance for placement. Epidurography. The plan was a right T6-7 steroid injection. The request for right thoracic T6-7 ESI under fluoroscopy: was denied.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous determination has been upheld. Since there is lack of documentation of imaging findings correlating with current exam finding to support nerve root impingement at this targeted level. There is also lack of documentation as to the percentage of relief afforded by previous Epidural Steroid Injection. Also given the chronicity of the injury now over XX years old, there is question as to any intervening injury and or change/increase in activity related to current symptoms and signs, any more recent work up including imaging study to assess these current symptoms and signs, and more recent conservative care, including change in/trial of medications renewed physical therapy or compliance with home exercise program, and activity modification prior to progressing directly to more invasive procedures. Therefore, the request for Right Thoracic T6-T7 ESI is non-certified.

ODG Guidelines:

Criteria for the use of Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

(1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.

(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants & neuropathic drugs).

(3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.

(4) *Diagnostic Phase:* At the time of initial use of an ESI (formally referred to as the “diagnostic phase” as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections.

(5) No more than two nerve root levels should be injected using transforaminal blocks.

(6) No more than one interlaminar level should be injected at one session.

(7) *Therapeutic phase:* If after the initial block/blocks are given (see “Diagnostic Phase” above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the “therapeutic phase.” Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. ([CMS, 2004](#)) ([Boswell, 2007](#))

(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.

(9) Current research does not support a routine use of a “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment.

(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.

(11) Cervical and lumbar epidural steroid injection should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)